

## **Q&A First Steps- MSS/ICM/CBE Webinar February 9, 2011**

**Q:** At this time, are there any plans to change the MSS/ICM risk factors?

**A:** No

**Q:** Will Childbirth Education (CBE) be reduced 50% March 1, 2011?

**A:** No, we do not plan to reduce CBE reimbursement at this time.

**Q:** We heard the legislature has proposed a MSS/ICM/CBE budget reduction of only 35% instead of a 50% reduction. If the legislature approves the 35% reduction, will DSHS be able to change the WAC and State Plan quickly?

**A:** The current WAC and State Plan support either a 50% or 35% reduction and would not need to be changed. DSHS would need to update the Billing Instructions and will use the numbered memo process to issue change as quickly as possible once the actual budget is known.

**Q:** What does WAC stand for?

**A:** WAC= Washington Administrative Code. The rules developed that detail how State Law is implemented.

**Q:** Will there still be a limitation extension process?

**A:** Yes.

**Q:** If a client is eligible for a basic level of service, are we only required to screen them for services?

**A:** See MSS/ICM Billing instructions (BI) for requirements. For the basic level of MSS services, you are required to:

- Screen,
- Provide basic referrals, and
- Depending on time available, offer health messages.

We hope it will not take all the units to complete a screening on a basic level client.

**Q:** Would DSHS allow rural providers to Skype a client at their home as a face-to-face visit?

**A:** Not at this time. This arrangement needs approval from CMS (Centers for Medicare and Medicaid Services). This is an example of a suggestion that may be a piece of the future re-design of the program

**Q:** Since the 2009 program reduction ended up being more than the 20% expected, how could we avoid a 50% cut becoming more like a 60-70% cut?

**A:** The state understands this concern. However it is very difficult to **project** budget estimates for a variety of reasons, including the length of time providers have to bill for services, and not knowing how many providers may stop providing services. We are anticipating more providers will cease providing MSS, ICM and CBE services under the newest budget reductions and anticipate being able to cover all three components of the First Steps program at a reduced level.

**Q:** Who will be the one remaining First Steps staff person in Olympia?

**A:** June Hershey is the staff person assigned to First Steps. Less than half of her position is allocated for First Steps activities. She has requested contact through email that can be sent to [firststeps@dshs.wa.gov](mailto:firststeps@dshs.wa.gov). You can also call, but please know with limited staff time, responses will be slow.

**Q:** Will the requirements for having a BHS on the MSS team and the licensing requirements change with the program reduction?

**A:** No, providers are still required to have a qualified BHS on the MSS team. This person will need to be credentialed, have active status through DOH and meet staff qualifications (See BIs).

**Q:** Can you send us a direct link to that website? Will there be a specific section on the DSHS website directed to First Steps?

**A:** The First Steps website is <http://hrsa.dshs.wa.gov/firststeps/>. All provider information will be under the "First Steps Provider Page" link.

**Q:** Will there be notifications sent out when the website is updated?

**A:** No, there will be no staff to support maintaining an accurate provider list in order to send out communications as in the past.

**Q:** Can the website offer a RSS feed so that providers can get website updates?

**A:** DSHS will check with the website managers to see if this is an option.

**Q:** Will there be any changes to the MSS/ICM charting requirements?

**A:** No, again other than reducing the number of units available, the state is unable to make any other program changes at this time. Please see the MSS/ICM billing instructions for final requirements.

**Q:** Many family planning questions were asked during the webinar.

**A:** First Steps asked providers to direct their questions to Mo Considine who is the MPA Family Planning program manager. Her contact information is: [Consimc@dshs.wa.gov](mailto:Consimc@dshs.wa.gov).

**Q:** Can providers screen for MSS/ICM over the phone to save on units?

**A:** No

**Q:** WIC interview questions are very similar to MSS risk factors, so is there any way we could coordinate?

**A:** This should already be happening in areas where WIC and MSS services are available and where clients receive services from both (whether or not WIC and MSS are located within the same agency). The MSS Screening questions/guides were based on the WIC questions/guides. The purpose and goals of MSS are different than those of WIC; therefore screening questions cannot be identical to WIC.

**Q:** We received the email asking if current MSS/ICM providers wanted to spread over to neighboring counties in need. Why offer this option, since it will essentially cost more money?

**A:** Even with the 50% reduction, we have MSS/ICM providers who want to expand services into other areas. Since we now have counties with clients and very little or no MSS/ICM coverage, we felt it necessary to open those areas up to current MSS/ICM providers so that existing clients could continue receiving services. The Centers for Medicare and Medicaid Services (CMS) require services be offered statewide.

**Q:** Will we be required to complete an outcome summary as part of the documentation or can we just write a discharge note instead?

**A:** See billing instruction for required content. You can use any form you like as long as we can see when and why the client ended services and final outcomes.

**Q:** If the screening was done on the phone, and not billable, then you cannot count that as the 1<sup>st</sup> visit to determine the unit allocation?

**A:** Screening must be done face to face. A provider may not do a screening over the phone and then turn around and assign level of service. If this is currently happening, it needs to cease and face-to-face screening must be conducted. The face to face screening is a billable service.

**Q:** Will the BHS, dietitian, and nurse continue to be requirements?

**A:** Yes

**Q:** What does the state think about having two levels of service for MSS instead of three & distributing the units between those levels of service?

**A:** This is an option to consider for the program redesign. Stakeholder input will be sought before any decisions are made.

**Q:** During the First Steps Provider Advisory Group (PAG) meeting on January 20th, the question of dental services came up. Providers wanted to know if the loss of adult dental services included pregnant/MSS clients.

**A:** Recent changes to adult dental coverage limit services to emergencies. Pregnancy is not a condition to receive dental services. There are a couple other conditions that are exempt such as clients with developmental disabilities and those under age 21. See dental services website for more information: <http://hrsa.dshs.wa.gov/DentalProviders/DentalIndex.html>

**Q:** Please clarify coverage for the infant after delivery since their pediatricians have told some clients that the infant is covered for only 21days?

**A:** The following is the response we received from the medical benefits unit:

- It appears they want to know how to bill; the children are already enrolled in Medicaid so they have coverage and they can use the mother's ID up to 60 days. [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.pdf](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide/ProviderOne_Billing_and_Resource_Guide.pdf)
- The 21 day timeframe relates to Neonate billing; this indicated here; it is not clear how this got confused with being covered by Medicaid. [http://hrsa.dshs.wa.gov/download/Billing\\_Instructions/Inpatient\\_Hospital/Inpatient\\_Hospital\\_BI.pdf](http://hrsa.dshs.wa.gov/download/Billing_Instructions/Inpatient_Hospital/Inpatient_Hospital_BI.pdf)

We recommend advising new mothers to call the CSO at 1-877-501-2233 to report their baby's birth within a few days of delivery. It appears that even though the infant is covered on the mothers' medical coverage for the first 60 days, waiting too long can cause delays and gaps in coverage. Once the infant is on their own ID, they are covered up to 1 year from birth.

**Q:** What are the changes in Working Connections childcare?

**A:** See their website for changes <http://www.dshs.wa.gov/onlinecso/wccc.shtml>

**Q:** Do you still want MSS Rosters and updates of staffing sent into the state?

**A:** No, keep them on file and staff rosters will be reviewed during program monitoring.